

NEW JERSEY HIV/AIDS REPORT

December 31, 2004



Richard J. Codey
Acting Governor

Division of HIV/AIDS Services
...preventing disease with care



Fred M. Jacobs, M.D., J.D.
Commissioner

Division of HIV/AIDS Services

...preventing disease with care

Office of the Assistant Commissioner (609) 984-5874

Medical Director (609) 984-6191
Policy and Planning
Special Projects and Initiatives

Administrative Support Services Unit (609) 984-5888

Care and Treatment Services Unit (609) 984-6328

AIDS Drug Distribution Program
Corrections Initiative
Health Insurance Continuation Program
HIV Care Consortia
HIV Counseling and Testing Program (609) 984-6125
HIV Early Intervention Program
HIV Home Health Care Program
Housing Opportunities for Persons with AIDS

Epidemiologic Services Unit (609) 984-5940

Case Reporting Forms
HIV/AIDS Statistics
Epidemiologic Studies
Notification Assistance Program-Newark (973) 648-7500

Prevention and Education Services Unit (609) 984-6050

Community-based HIV Prevention Projects
HIV Prevention Community Planning Group
HIV-related Training
NJ AIDS/STD Hotline 1-800-624-2377
Printed Material distribution

Visit the New Jersey Department of Health and Senior Services website:

www.state.nj.us/health.

To request to have this report link e-mailed to you, to be added to our mailing list, or to request other information, contact us by telephone or by e-mail.

Telephone (609) 984-5940

e-mail aids@doh.state.nj.us

Questions? Contact New Jersey HIV/AIDS Hotline 1-800-624-2377

Highlights

- By the end of 2004, 32,746 people are reported living with HIV or AIDS in New Jersey.
- Minorities account for 75% of adult/adolescent cumulative HIV/AIDS cases and 78% of all persons living with HIV/AIDS (Page 6).
- Injection drug use and sexual contact remain the major modes of exposure to HIV infection. The proportion of reported cases with HIV/AIDS who were exposed through injection drug use (IDU) is lower than in the past, while the proportion of cases that were exposed through sexual contact is increasing (Page 10-11).
- Almost seven of ten persons living with HIV/AIDS are 40 years of age or older (Page 12).
- Thirty-six percent of those living with HIV/AIDS are females, 3 out of 4 of them are currently 20-49 years old.

Featured Articles

This report features an update on two prevention initiatives: IMPACT and Rapid HIV testing (page 15 and back cover).

Special Features

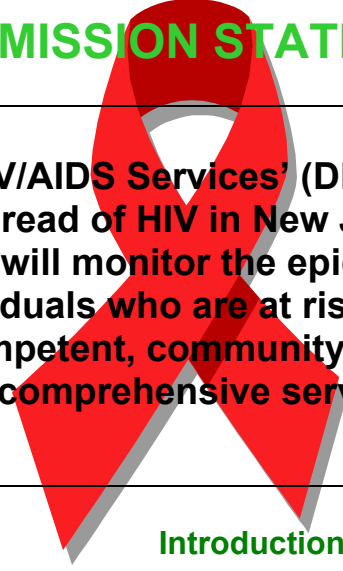
The centerfold MAP features a complete reporting of HIV/AIDS cases, perinatal HIV infections, and perinatal exposure by county.

Copies of this report are available on the NJDHSS' website at www.state.nj.us/health. The website also contains complete county and municipal reports.



Look for these shoes to help you walk through the data!

MISSION STATEMENT



The Division of HIV/AIDS Services' (DHAS) mission is to prevent, treat, and reduce the spread of HIV in New Jersey. In keeping with this mission, the DHAS will monitor the epidemic, and assure through its resources that individuals who are at risk or infected with HIV have access to culturally competent, community-based networks that provide qualitative and comprehensive services.

Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV/AIDS Services (DHAS) through December 31, 2004. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDHSS' website at www.state.nj.us/health. If you would prefer to receive this report by e-mail contact us at aids@doh.state.nj.us and we will e-mail you a link to the report.

What can I find in this report?

Epidemiology

Adult/Adolescent HIV/AIDS cases in each age group, in each racial/ethnic group, and for each HIV/AIDS exposure category by gender for the most recent year, as well as cumulatively.

These tables show all adult/adolescent persons reported with HIV infection including those who have progressed to AIDS whether living or deceased. As new therapies become available, a larger percentage of cases will remain HIV for longer periods of time before becoming AIDS. Looking at both HIV and AIDS provides a more complete picture of the history of infection in the State than does data about AIDS alone. It is also important to note that cases shown as reported in the past 12 months may have been diagnosed in previous years, but due to reporting delays were only recently reported.

Persons *living* with HIV or AIDS for each gender by age group, in each racial/ethnic group, and for each exposure category.

These data show where the epidemic is now and where services are most needed.

Pediatric HIV/AIDS and Exposures

These data show the cases for individuals diagnosed while under the age of 13. The data include information on perinatal exposures and other pediatric infections.

Prevention Initiatives

Updated data for the 10 cities in which the IMPACT initiative is conducted are presented. Data on Rapid HIV testing are presented.

Modified Risk Exposure Hierarchy

Although we usually cannot determine exactly how or when a person was infected, it is possible to determine which behaviors exposed an individual to HIV infection. In the 1980s the Centers for Disease Control and Prevention established a hierarchy to categorize modes of exposure for persons reported with AIDS based on their risk exposures. Behaviors most likely to lead to infection are higher in the hierarchy than those less likely to lead to infection. This hierarchy is described at www.cdc.gov/hiv/stats/hasr1402/technotes.htm.

Beginning in the June 2004 report, we began to use a modified risk hierarchy. Heterosexual contact with a person of unknown status was reported as “heterosexual contact with partners of unknown HIV risk.” Prior to that, these cases were reported as persons with unknown risk exposure. Heterosexual contact with persons of known risk are reported by the risk status of the partner. Due to improvements in the screening of donated blood, transfusions have been virtually eliminated as an exposure category for HIV infection. In this report transfusion and hemophilia cases are reported in the “Other/Unknown” category.

The ascertainment of exposure category is incomplete, especially for cases reported recently. Some cases currently in the “Other/Unknown” category may be redistributed later to known exposure categories as follow-up investigations are completed.

What won't this report tell me?

Due to delays between diagnosis of HIV or AIDS and reporting to the DHAS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2003 and 2004 may not be in this report. It is also important to note that individuals who are infected, but not tested and diagnosed, are not included in these reports. It is estimated that undiagnosed and unreported cases comprise approximately one-third of all estimated infections. (Janssen R. et al, AMJPH, Vol. 91, No. 7, Page 1019, July 2001) The number of persons living with HIV/AIDS is only an estimate because of incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases, and migration in or out-of-state. Therefore, true incidence and prevalence rates cannot be obtained from this data.

RACE/ETHNICITY DATA

Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2004 - December 2004 (1) and Cumulative Totals as of December 31, 2004
Racial/Ethnic Group by Gender

Adults/ Adolescents (2)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jan. 2004- Dec. 2004 No.	(%)	Cumulative Total No.	(%)	Jan. 2004- Dec. 2004 No.	(%)	Cumulative Total No.	(%)	Jan. 2004- Dec. 2004 No.	(%)	Cumulative Total No.	(%)	
White	470	26%	12,336	28%	106	12%	3,543	18%	576	21%	15,879	25%	22%
Black	863	48%	23,112	52%	581	66%	13,047	66%	1,444	54%	36,159	56%	36%
Hispanic	409	23%	8,285	19%	155	18%	3,091	16%	564	21%	11,376	18%	27%
Asian/Pac. Isl.	25	1%	210	0%	13	1%	77	0%	38	1%	287	0%	27%
Other/Unknown	38	2%	312	1%	24	3%	154	1%	62	2%	466	1%	33%
Total	1,805	100%	44,255	100%	879	100%	19,912	100%	2,684	100%	64,167	100%	31%

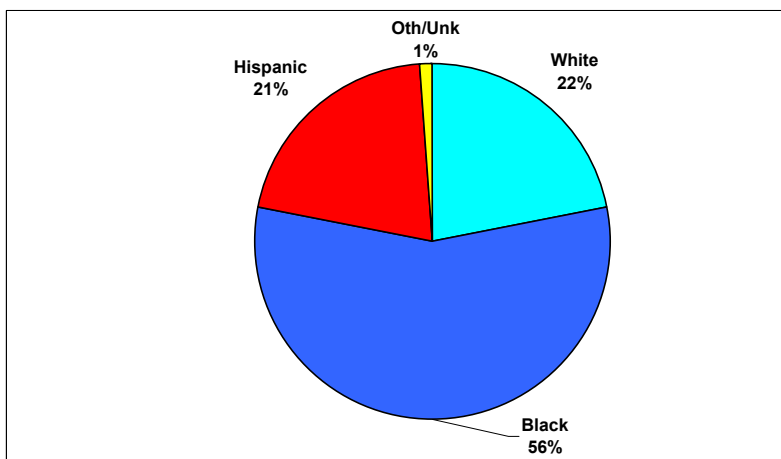
(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

(2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included.

Table 2. New Jersey Residents Living with HIV/AIDS as of December 31, 2004
Racial/Ethnic Group by Gender

Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
White	5,216	25%	1,951	17%	7,167	22%	27%
Black	10,724	51%	7,457	64%	18,181	56%	41%
Hispanic	4,710	22%	2,085	18%	6,795	21%	31%
Asian/Pac. Isl.	157	1%	67	1%	224	1%	30%
Other/Unknown	236	1%	143	1%	379	1%	38%
Total	21,043	100%	11,703	100%	32,746	100%	36%

Figure 1. Percent Living with HIV/AIDS by Ethnicity



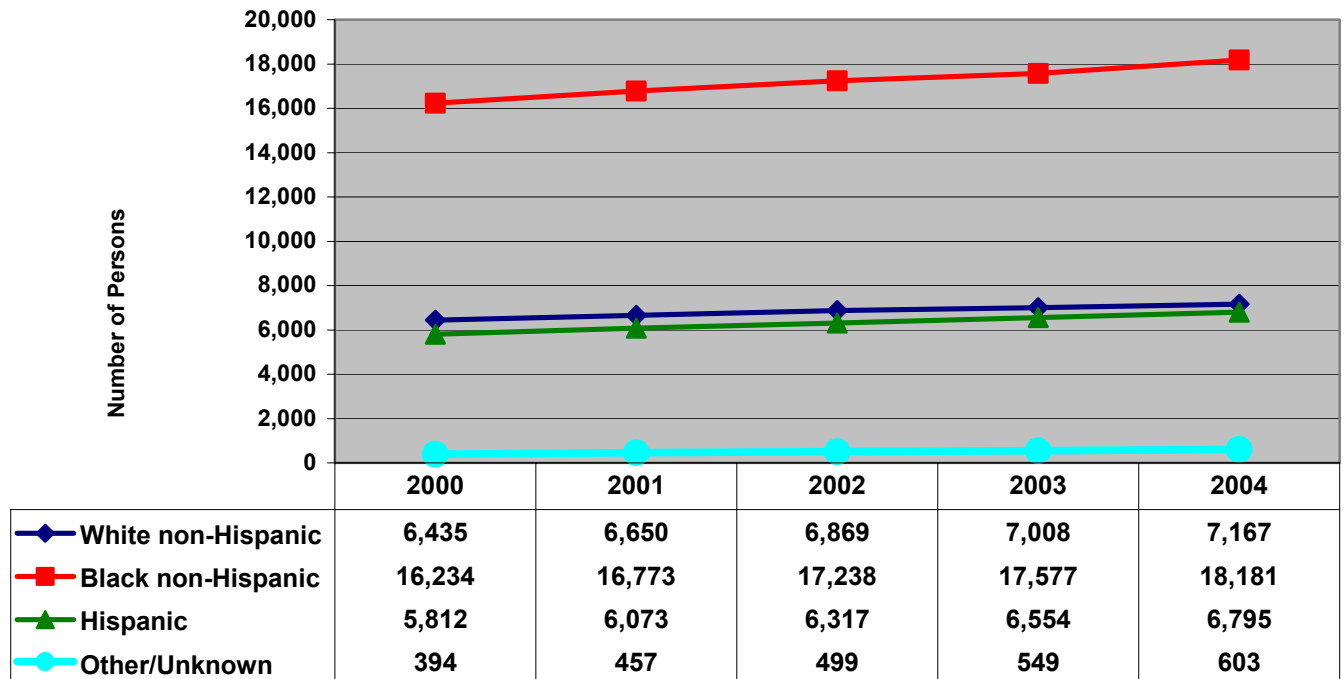
Minorities account for 75% of the cumulative adult/adolescent HIV/AIDS cases, and the disparity is growing.

Thirty-one percent of the cumulative HIV/AIDS cases are women.

Over half of persons living with HIV/AIDS are Non-Hispanic Blacks.

Thirty-six percent of those living with HIV/AIDS are females. Four of every five of those females are minorities.

Figure 2. Estimated Persons Living with HIV/AIDS in New Jersey by Race/Ethnicity 2000-2004



Source: New Jersey HARS as of 12/31/2004

Estimated Rates of Persons Living with HIV/AIDS in New Jersey as of December 31, 2004

One in every 65 Black non-Hispanics were living with HIV/AIDS.

One in every 185 Hispanics were living with HIV/AIDS.

One in every 783 White non-Hispanics were living with HIV/AIDS.

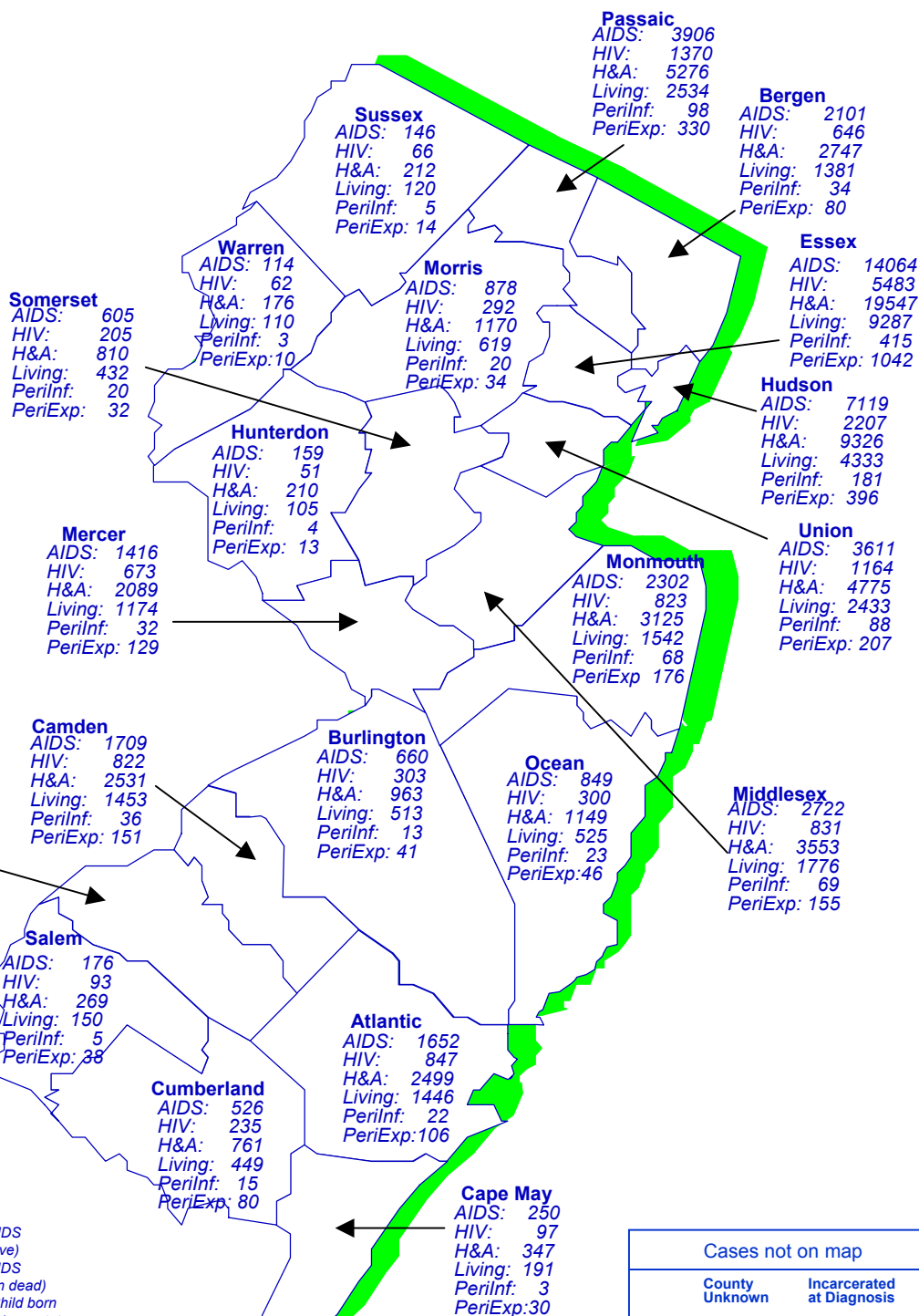
Source: New Jersey HARS as of 12/31/2004 and bridged race estimates, July 2003.



A pattern of disparity of HIV/AIDS among racial/ethnic groups has been relatively consistent for the past 5 years. The estimated rates of persons living with HIV/AIDS by race/ethnicity in New Jersey as of December 31, 2004, further illustrates this disparity.

CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF DECEMBER 31, 2004

Statewide Summary Case Counts	
AIDS:	47,672
HIV:	17,732
H&A:	65,404
Living:	32,746
PerInf:	1,159
PeriExp:	3,128



Legend for Summary Case Counts
AIDS = AIDS cases (cumulative)
HIV = HIV Positive Cases, not AIDS
H&A = HIV/AIDS Cases (cumulative)
Living = Persons Living with HIV/AIDS (HIV/AIDS cases not known dead)
PerInf = Perinatal HIV Infections (Child born to HIV+ mother, child's HIV serostatus is confirmed HIV Positive; included in HIV/AIDS case counts)
PeriExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate; NOT included in HIV/AIDS case counts)

Cases not on map		
	County Unknown	Incarcerated at Diagnosis
AIDS:	0	2,349
HIV:	9	996
H&A:	9	3,345
Living:	9	1,868
PerInf:	0	0
PeriExp:	2	0

HIV EXPOSURE CATEGORY DATA

Table 3. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported January 2004-December 2004 (2) and Cumulative Totals as of December 31, 2004 Modified Exposure Category by Gender

Modified Exposure Category (3)	MALE				FEMALE				TOTAL				% of Cum. Cases Female
	Jan.2004-Dec.2004		Cumulative Total		Jan.2004-Dec.2004		Cumulative Total		Jan.2004-Dec.2004		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	593	33%	12,438	28%	0	0%	0	0%	593	22%	12,438	19%	0%
IDU (4)	273	15%	18,383	42%	101	11%	8,137	41%	374	14%	26,520	41%	31%
MSM/IDU	34	2%	2,123	5%	0	0%	0	0%	34	1%	2,123	3%	0%
Heterosexual contact with partner(s):													
- injection drug user	24	1%	833	2%	40	5%	2,724	14%	64	2%	3,557	6%	77%
- bisexual male	0	0%	0	0%	10	1%	170	1%	10	0%	170	0%	100%
- HIV infection, risk Other/Unknown	158	9%	2,889	7%	200	23%	4,217	21%	358	13%	7,106	11%	59%
-partner(s) of unknown HIV risk (5)	416	23%	4,276	10%	419	48%	3,291	17%	835	31%	7,567	12%	43%
Other/Unknown (6)	307	17%	3,313	7%	109	12%	1,373	7%	416	15%	4,686	7%	29%
Total number of individuals	1,805	100%	44,255	100%	879	100%	19,912	100%	2,684	100%	64,167	100%	31%

- (1) Includes all patients 13 years of age or older at time of diagnosis. Patients with missing specific age at diagnosis were not included.
- (2) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report.
- (3) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 5).
- (4) MSM = male-to-male sex. IDU = injection drug use.
- (5) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
- (6) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

Table 4. New Jersey Residents Living with HIV or AIDS as of December 31, 2004 Modified Exposure Category by Gender

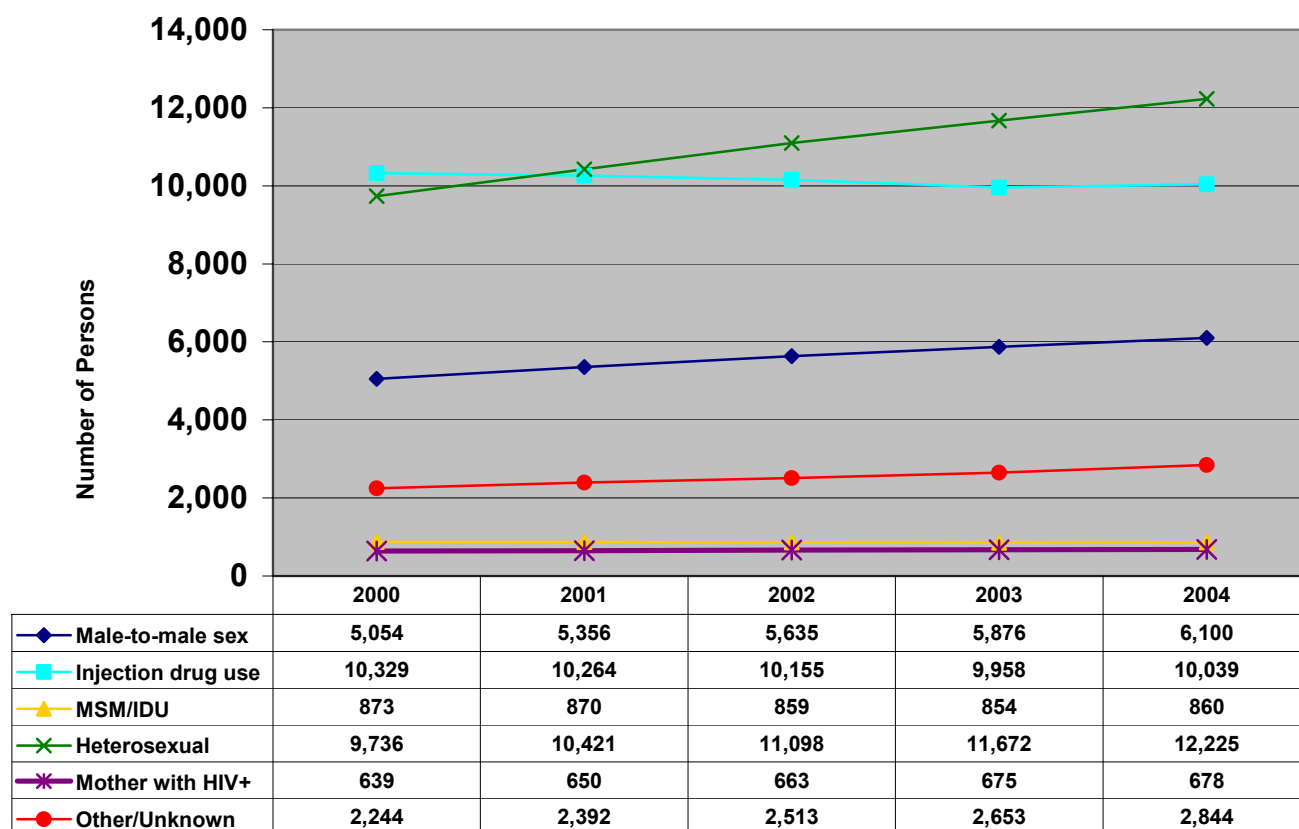
Modified Exposure Category (1)	MALE		FEMALE		TOTAL		% of Cases Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	6,100	29%	0	0%	6,100	19%	0%
IDU (2)	6,484	31%	3,555	30%	10,039	31%	35%
MSM/IDU	860	4%	0	0%	860	3%	0%
Heterosexual contact with partner(s):							
- injection drug user	413	2%	1,407	12%	1,820	6%	77%
- bisexual male	0	0%	114	1%	114	0%	100%
- HIV infection, risk Other/Unknown	1,937	9%	2,947	25%	4,884	15%	60%
-partner(s) of unknown HIV risk(3)	2,948	14%	2,459	21%	5,407	17%	45%
Other/Unknown (4)	2,301	11%	1,221	10%	3,522	11%	35%
Total number of individuals	21,043	100%	11,703	100%	32,746	100%	36%

- (1) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 3).
- (2) MSM = male-to-male sex. IDU = injection drug use.
- (3) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
- (4) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.



Forty-one percent of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 29% by heterosexual contact, and 19% by male to male sex. Only 7% of cumulative cases (and 15% of cases recently reported in the last 12 months) were exposed through another risk, or had no risk exposure reported.

**Figure 3. Estimated Persons Living with HIV/AIDS in New Jersey by
Modified Exposure Category 2000-2004**



Source: New Jersey HARS as of 12/31/2004



The number of people living with HIV/AIDS who were exposed through injection drug use (IDU) has remained relatively stable over the past 5 years as the number of people living with HIV/AIDS who were exposed through male-to-male sex (MSM) or heterosexual contact (*modified category – see p. 5*) has continued to increase. The number of individuals living with HIV/AIDS who were infected perinatally (born to an HIV+ mother) has also remained relatively stable over this period. The number of cases with an unknown mode of exposure is higher in recent years, because data about mode of exposure is often established by investigations years after the original case is reported.

**Table 5. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2004 - December 2004 (1)
and Cumulative Totals as of December 31, 2004
Age at Diagnosis by Gender**

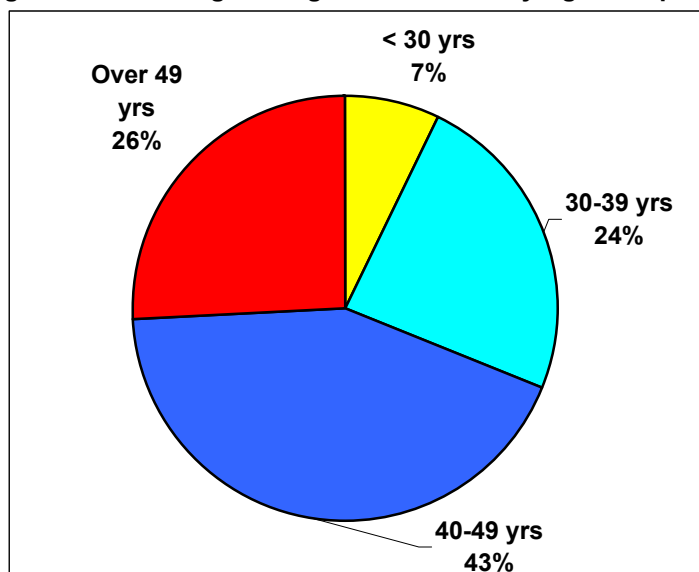
Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jan. 2004- Dec. 2004		Cumulative Total		Jan. 2004- Dec. 2004		Cumulative Total		Jan. 2004- Dec. 2004		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	42	2%	353	1%	25	3%	432	2%	67	2%	785	1%	55%
20-29	299	17%	7,434	17%	163	19%	4,930	25%	462	17%	12,364	19%	40%
30-39	589	33%	19,556	44%	276	31%	8,863	45%	865	32%	28,419	44%	31%
40-49	555	31%	12,125	27%	288	33%	4,115	21%	843	31%	16,240	25%	25%
Over 49	320	18%	4,787	11%	127	14%	1,572	8%	447	17%	6,359	10%	25%
Total	1,805	100%	44,255	100%	879	100%	19,912	100%	2,684	100%	64,167	100%	31%

(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

**Table 6. New Jersey Residents Living with HIV/AIDS
as of December 31, 2004
Current Age by Gender**

Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	166	1%	183	2%	349	1%	52%
13-19	192	1%	180	2%	372	1%	48%
20-29	877	4%	753	6%	1,630	5%	46%
30-39	4,536	22%	3,197	27%	7,733	24%	41%
40-49	9,068	43%	4,929	42%	13,997	43%	35%
Over 49	6,204	29%	2,461	21%	8,665	26%	28%
Total	21,043	100%	11,703	100%	32,746	100%	36%

Figure 4. Percentage Living with HIV/AIDS by Age Group



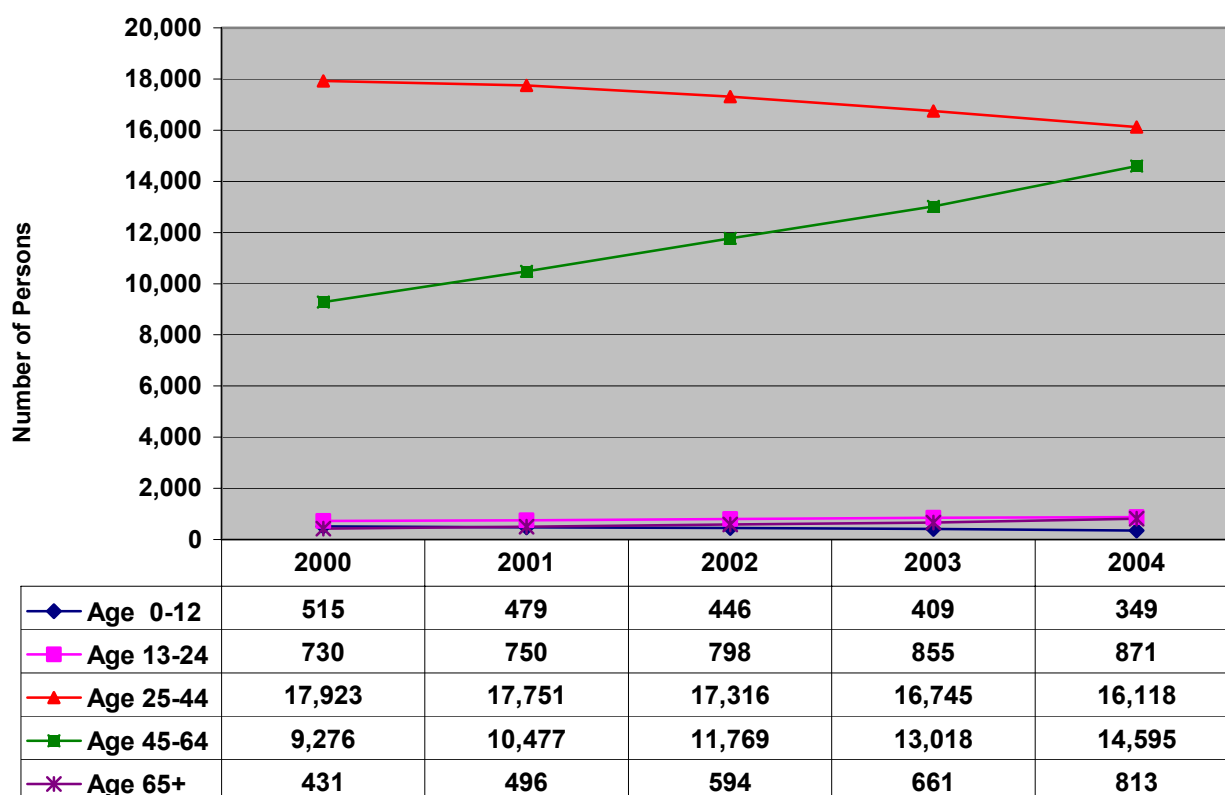
Recently reported cases of adult/adolescent HIV and AIDS are older at diagnosis than previously reported cases.

Two-thirds of those living with HIV or AIDS are 40 and over years of age.

Thirty-five percent of those living with HIV/AIDS are females.

Three out of four females living with HIV/AIDS are currently 20-49 years old.

Figure 5. Estimated Number of Persons Living with HIV/AIDS in New Jersey by Age Group 2000-2004



Source: New Jersey HARS as of 12/31/2004



The relative distribution of persons living with HIV/AIDS for ages younger than 25 has not changed significantly within the last 5 years, while those aged 25-44 declined in the last years, possibly largely by aging into the next older age group. However, there has been a steady increase in the number of persons living with HIV/AIDS who are 45 to 64 years of age. This increase may be due to the fact that people are living longer with HIV/AIDS, and that recently reported cases of HIV/AIDS are older at diagnosis than in the past.

PEDIATRIC DATA

Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases
Data Reported as of December 31, 2004
Exposure Category (2) by Race/Ethnicity

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	161	813	227	3	1,204
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	15	3	3	0	21
Risk Not Reported/Other Risk	7	24	5	4	40
Total	193	847	240	7	1,287
% Perinatally Infected	83%	96%	95%	43%	94%

(1) Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.

(2) Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.

(3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

Table 8. New Jersey Born HIV Pediatric Exposures (1) by Current Status
and Year of Birth for Children Born 1993-2004
Data as of December 31, 2004

Birth	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported
Year	No.	(%)	No.	(%)	No.	(%)	No.
1993	75	21%	87	24%	194	54%	356
1994	55	17%	111	34%	163	50%	329
1995	50	16%	86	27%	185	58%	321
1996	38	13%	77	26%	180	61%	295
1997	32	11%	90	31%	164	57%	286
1998	23	7%	95	31%	191	62%	309
1999	14	6%	78	31%	159	63%	251
2000	14	5%	74	27%	183	68%	271
2001	8	4%	74	34%	138	63%	220
2002	4	2%	83	37%	139	62%	226
2003*	5	3%	69	38%	110	60%	184
2004*	3	2%	118	75%	36	23%	157

(1) Exposure - Child was exposed to HIV during pregnancy/delivery.

(2) Infected - Child is infected with HIV/AIDS.

(3) Indeterminate - Child was exposed but actual status of infection is unknown.

(4) Seroreverter - Child was perinatally exposed and proven to be uninfected.

* Year 2003 and 2004 data are incomplete

Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1)
by Race/Ethnicity and Current Age
Data as of December 31, 2004

Race/Ethnicity	Current Age							
	< 5 Yrs.		5-12 Yrs.		>= 13 Yrs.		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
White	3	9%	40	12%	61	15%	104	14%
Black	23	66%	233	72%	255	64%	511	67%
Hispanic	9	26%	50	15%	82	21%	141	19%
Other	0	0%	2	1%	2	1%	4	1%
Total	35	5%	325	43%	400	53%	760	100%

(1) Living Pediatric HIV/AIDS cases who were New Jersey residents or diagnosed in New Jersey.



Most pediatric cases are a result of perinatal transmission.

Perinatal transmission has been reduced to less than 5%.

Approximately, 200 Individuals infected perinatally in the early 1990's are now approaching adulthood.

86 percent of pediatric cases living with HIV/AIDS are minorities.

Intensive Mobilization to Promote AIDS Awareness through Community-based Technologies (IMPACT) is a city-by-city community mobilization initiative designed to galvanize and support African American leaders to reduce the spread of HIV/AIDS in cities with the highest prevalence of HIV/AIDS.

**Table 10. African Americans Living with HIV/AIDS:
Number of Cases and Rank
for Ten IMPACT Cities as of December 31, 2004**

Area of Residence	Rank among 10 IMPACT Cities in African American HIV/AIDS Prevalence Rate	Number of African Americans Living with HIV/AIDS	African American Population	Ratio of African Americans Living with HIV/AIDS to Overall African American Resident Population
Atlantic City	1	551	17,168	One in every 31
Newark	1	4,628	142,083	One in every 31
Elizabeth	3	511	22,329	One in every 44
Jersey City	4	1,432	64,389	One in every 45
Paterson	5	989	46,882	One in every 47
East Orange	6	1,157	61,604	One in every 53
Irvington	7	825	48,852	One in every 59
Trenton	7	742	43,497	One in every 59
Plainfield	9	392	28,698	One in every 73
City of Camden	10	428	39,753	One in every 93
Ten IMPACT Cities (combined)		11,655	515,255	One in every 44

Note: Table includes only those persons known to be infected with HIV.

Population figures are based on the 2000 U.S. Census. Municipal population estimates by race/ethnicity are only available for the Census year. Estimates may overstate changes since only numerators are changing. African American includes single race only, not Hispanic.



Sixty-four percent of the State's African Americans living with HIV/AIDS reside in one of the 10 IMPACT cities. However, these cities show wide variation in HIV/AIDS prevalence.

Atlantic City and Newark have the highest prevalence rate of African Americans living with HIV/AIDS. One in every 31 African American residents in Atlantic City and Newark are living with HIV/AIDS.

Newark has the highest number of African Americans living with HIV/AIDS among the 10 cities. Over 1 in every 4 African Americans living with HIV/AIDS in the State resides in Newark.

Rapid HIV Testing Update

Rapid HIV testing is a diagnostic tool that allows patients to learn their HIV status in 10 to 40 minutes depending on the test used. The Food and Drug Administration currently approves five HIV rapid tests **that are available for** use in the United States. Of these tests, OraQuick® HIV1, OraQuick® ADVANCE Rapid HIV1/HIV2 Antibody Tests, and Unigold Recombigen™ can be done as point-of-care testing. Testing with Reveal™ and Multispot **HIV1/HIV2** needs to be done in a licensed laboratory.

Rapid diagnostic HIV testing has several clinical applications. These include: 1) reducing **the risk of** vertical HIV transmission for women who present in labor with unknown HIV status, 2) reducing the risk of occupational transmission of HIV, 3) as part of the initial evaluation of a patient for non-occupational post exposure prophylaxis, and 4) assisting in diagnosis and counseling of patients with HIV disease. Rapid HIV testing at publicly funded counseling and testing sites started at one site in New Jersey on November 1, 2003. As of January 1, 2005, 51 publicly funded counseling and testing sites in New Jersey are licensed to conduct rapid HIV testing.

Table 11. Publicly Funded Rapid Testing in New Jersey through December 2004

	Number	%
Total Clients Rapid Tested	10,601	
Clients Testing Positive	268	3%
Clients Receiving Test	10,469	99%

**For more information visit our website at
www.state.nj.us/health/aids/rapidtesting.shtml
or for more information call 1-800-624-2377**